

**State of Connecticut
Office of Health Care Access
CON Determination Form
Form 2020**

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HEALTH CARE ACCESS

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Alliance Imaging, Inc.	Day Kimball Hospital
Doing Business As	N / A	N/A
Name of Parent Corporation	N / A	N/A
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	N / A	N/A
Petitioner type (e.g., P for profit and NP for Not for Profit)	P	NP
Name of Contact person, including title	Michael S. Tuccio Senior Vice President	Ann Errichetti, MD CEO
Contact person's street mailing address	Alliance Imaging, Inc. 1400 Wilbur Cross Highway Berlin, CT 06037	Day Kimball Hospital 320 Pomfret Street Putnam, CT 06260
Contact person's phone, fax and e-mail address	Tel (800) 676-7379 Fax (860) 828-5974	Tel (860) 928-6541

SECTION II. GENERAL PROPOSAL INFORMATION

a. Proposal/Project Title: **Upgrade of Positron Emission Tomography Scanner**

b. Location of proposal (Town including street address): Day Kimball Hospital, 320 Pomfret Street, Putnam, CT 06260

c. List all the municipalities this project is intended to serve: Windham County, CT

d. Estimated starting date for the project: January 2006

e. Type of Entity: (Please check *E* for Existing and *P* for Proposed in all the boxes that apply)

E P

☐ ☐ Acute Care Hospital
☐ ☐ Behavioral Health Provider
☐ ☐ Hospital Affiliate

E P

☐ ☐ Imaging Center
☐ ☐ Ambulatory Surgery Center
☒ ☐ Other (specify): Mobile
PET Scanner _____

E P

☐ ☐ Cancer Center
☐ ☐ Primary Care Clinic

SECTION III. EXPENDITURE INFORMATION

a. Estimated Total Capital Expenditure/Cost: \$ 350,000.00

b. Please provide the following breakdown as appropriate: (may not represent the aggregate shown above)

New Construction/Renovations	N/A
Medical Equipment (Purchase)	\$ 350,000.00
Imaging Equipment (Purchase)	N/A
Non-Medical Equipment (Purchase)	N/A
Sales Tax	N/A
Delivery & Installation	N/A
Total Capital Expenditure	\$ 350,000.00
Fair Market Value of Leased Equipment	N/A
Total Capital Cost	\$ 350,000.00

Major Medical and/or imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
PET/CT Scanner	General Electric	Discovery ST	1	\$ 1.8 Million

Note: Provide copy of contract with vendor for medical equipment.

c. Type of financing or funding source:

- ☐ Operating Funds ☒ Lease Financing ☐ Conventional Loan
☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding
☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROPOSAL DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Will you be charging a facility fee?
4. Who is the current population served and who is the target population to be served?
5. Who will be providing the service?
6. Who are the payers of this service?

SECTION V. AFFIDAVIT

Applicant: Alliance Imaging, Inc.

Project Title: Upgrade of Positron Emission Tomography Scanner

I, Michael S. Tuccio, Senior Vice President
(Name) (Position – CEO or CFO)

of Alliance Imaging, Inc. being duly sworn, depose and state that the

information provided in this CON Determination form is true and accurate to the best of my
knowledge, and that Alliance Imaging, Inc. complies with the appropriate
(Facility Name)

and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-
486 and/or 4-181 of the Connecticut General Statutes.

[Signature]
Signature

12-20-05
Date

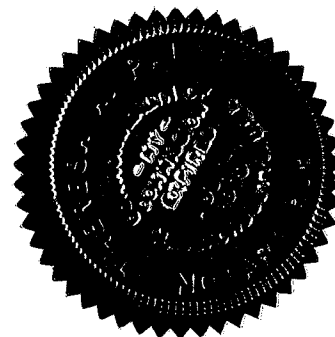
Subscribed and sworn to before me on 12/20/05

[Signature]

Notary Public/Commissioner of Superior Court

THERESA ANN PALMER
Notary Public
Commonwealth of Massachusetts
My Commission Expires
August 14, 2009

My commission expires: _____




SECTION V. AFFIDAVIT

Applicant: Day Kimball Hospital

Project Title: Upgrade of Positron Emission Tomography Scanner

I, Ann Errichetti, MD, CEO
(Name) (Position – CEO or CFO)

of Day Kimball Hospital. being duly sworn, depose and state that the
information provided in this CON Determination form is true and accurate to the best of my
knowledge, and that Day Kimball Hospital. complies with the appropriate
(Facility Name)
and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-
486 and/or 4-181 of the Connecticut General Statutes.


Signature

12-23-05
Date

Subscribed and sworn to before me on 12-23-05

Wendy A. Oakes Reynolds
Notary Public/Commissioner of Superior Court

My commission expires: 8/31/06

Section IV. PROPOSAL DESCRIPTION

1.) Currently what types of services are being provided?

Currently Positron Emission Tomography (P.E.T.) services are being provided.

2.) What types of services are being proposed and what DPH licensure categories will be sought, if applicable?

An upgrade the currentt Positron Emission Tomography scanner (P.E.T.) to a Positron Emission Tomography / Computed Tomography scanner (PET/CT).

3.) Will you be charging a facility fee?

We will not be charging a facility fee.

4.) Who is the current population served and who is the target population to be served?

The population to be served is primarily for oncology patients.

5.) Who will be providing the service?

Alliance Imaging, Inc. will be responsible for providing mobile PET/CT services.

6.) Who are the payers of this service?

The payers of this service will be Government Payers, Medicare/Medicaid, Private Insurers, and HMO's.

December 20, 2005

Christine Vogel, Commissioner
State of Connecticut
Office Of Health Care Access
410 Capital Ave.
MS#13HCA, P.O. Box 340308
Hartford, CT 06134-0308

Re: Upgrade of Positron Emission Tomography (PET) scanner /
CON # 03-30173

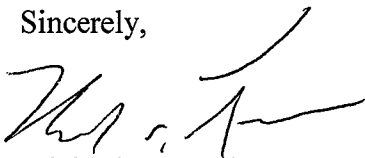
Dear Commissioner Vogel:

Alliance Imaging requests permission to upgrade the PET scanner approved on CON numbers listed above. The upgrade will replace the current transmission mechanism and process currently provided by (2) 10 mCi Germanium Sources for the transmission/attenuation correction scan. Completing the transmission/attenuation correction scan in this manner takes anywhere from 2-3 minutes per Field Of View (FOV) and most scans are between 5-6 FOV's. As a result, the transmission/attenuation correction portion of the scan can take from 10-18 minutes per patient. The proposed upgrade is called the GE Discovery ST. This system utilizes an x-ray source through computed tomography for the transmission/attenuation correction portion of the scan. As a result, this portion of the scan can be completed in under 60 seconds. Since most PET patients are quite ill and it is uncomfortable for them to lie on the table, reducing the scan time by 9-17 minutes is dramatic. In addition, attenuation correction with Germanium sources may result in patient movement due to the length of the scan and the scan for a FOV, with movement, may need to be repeated - increasing scan time even further. With the short duration of CT for attenuation correction (under 60 seconds), the patient is much less likely to move so the attenuation correction is more accurate and almost never needs to be repeated. GE utilizes this technology for attenuation correction in its Nuclear Medicine cameras that are installed in the state of Connecticut. This feature on these nuclear medicine cameras is called Hawkeye and has been used for the past three years at sites in Connecticut. One such site is Middlesex Hospital in Middletown, Connecticut. They have been using this technology for over 3 years. The attenuation correction is a low mA non-diagnostic transmission source.

The upgrade to CON numbers 03-30173 would be a Discovery ST with CT for AC and anatomical mapping. The net cost of this upgrade is \$350,000.00 and we feel strongly that it will greatly enhance the service currently being provided to the patients in Connecticut.

Your approval to move forward on this upgrade would be greatly appreciated. Please do not hesitate to contact me directly at 1-800-229-7226 if you have any questions.

Sincerely,



Michael S. Tuccio
Senior Vice President
Northeast Region

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

January 26, 2006

Michael S. Tuccio
Senior Vice President
Alliance Imaging, Inc.
1400 Wilbur Cross Highway
Berlin, CT 06037

RE: CON Determination 05-30634-DTR
Alliance Imaging, Inc. and Day Kimball Hospital
Request to Establish Mobile PET/CT Scanning Service at Day Kimball Hospital

Dear Mr. Tuccio:

With the receipt of your Certificate of Need ("CON") Determination request on November 14, 2005, and additional information on December 27, 2005, by the Office of Health Care Access ("OHCA") regarding your request to establish mobile PET/CT services at Day Kimball Hospital ("Hospital") at a total capital cost of \$1,800,000, which is the fair market value ("FMV") of the leased PET/CT Scanner.

OHCA has reviewed the information contained in your request and makes the following findings:

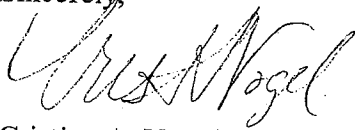
1. Day Kimball Hospital ("Hospital"), is an acute care hospital located at 320 Pomfret Street, Putnam, Connecticut.
2. Alliance Imaging, Inc. ("Alliance") is a private vendor of PET/CT Scanning equipment for this proposal located at 1400 Wilbur Cross Highway, Berlin, Connecticut.
3. Under Docket Number 03-30173, OHCA authorized the Hospital and Alliance to establish mobile PET scanning services at the Hospital.
4. The Hospital and Alliance propose to establish PET/CT services at the Hospital.
5. The proposal to offer PET/CT services requires a new PET/CT Scanner with a FMV of \$1,800,000.

Based on the above findings, OHCA has determined that the establishment of PET/CT services at the Hospital pursuant to Public Act 05- 93 C.G.S. and leasing of a PET/CT scanner by Alliance with a FMV of \$1,800,000, pursuant to 19a-639 C.G.S, will require CON authorization from OHCA.

OHCA will consider December 27, 2005, the date your CON Determination request was deemed complete, your Letter Of Intent date and your customized CON Application Forms will be mailed to your attention under a separate cover shortly. Please remember, your CON Application may be filed no earlier than 60 day after your Letter of Intent was filed with OHCA.

If you have any questions concerning the above, please feel free to contact Steven W. Lazarus, Associate Health Care Analyst, at (860) 418-7001.

Sincerely,



Cristine A. Vogel
Commissioner

C: Irving J. Schoppe, Interim President and CEO, Day Kimball Hospital

CAV:swl